

REPORTS INVENTORY						CONTROL NO. 107-2																	
PREPARE IN DUPLICATE																							
1. TITLE OF REPORT (if a fill-in report include Form No.) Co-op Activity Report					2. TYPE OF REPORT <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><input checked="" type="checkbox"/></td> <td>STATISTICAL</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>NARRATIVE</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>MACHINE-NAME LISTING</td> </tr> </table>			<input checked="" type="checkbox"/>	STATISTICAL	<input checked="" type="checkbox"/>	NARRATIVE	<input type="checkbox"/>	MACHINE-NAME LISTING										
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3. FUNCTIONAL AREA		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><input checked="" type="checkbox"/></td> <td>PERSONNEL</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>LOGISTICS</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>MEDICAL</td> </tr> </table>		<input checked="" type="checkbox"/>	PERSONNEL	<input type="checkbox"/>	LOGISTICS	<input type="checkbox"/>	MEDICAL	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td>TRAINING</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>SECURITY</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>FINANCE</td> </tr> </table>		<input type="checkbox"/>	TRAINING	<input type="checkbox"/>	SECURITY	<input type="checkbox"/>	FINANCE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td>ADMIN. GENERAL</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>OTHER (specify)</td> </tr> </table>		<input type="checkbox"/>	ADMIN. GENERAL	<input type="checkbox"/>	OTHER (specify)
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4. NO. OF COPIES PREPARED 4		5. FREQUENCY (weekly, monthly, quarterly, etc.) weekly		6. DISTRIBUTION (No. of components not number of copies) 1																			
7. FORMAT (memorandum, form computer print-out, etc) memorandum		8. ADP PROCESSING <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td>YES</td> <td rowspan="2" style="padding: 2px;">IF YES GIVE ADP PROCESSING NO.</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>NO</td> </tr> </table>		<input type="checkbox"/>	YES	IF YES GIVE ADP PROCESSING NO.	<input checked="" type="checkbox"/>	NO	9. DIRECTIVE AUTHORITY REQUIRING REPORT D/Pers														
<input type="checkbox"/>	YES	IF YES GIVE ADP PROCESSING NO.																					
<input checked="" type="checkbox"/>	NO																						
10. PREPARING COMPONENT (include lowest level contributing information to report) DDS/OP/RD				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)																			
12. COST FACTORS																							
A. MANUAL PREPARATION AND REVIEW COSTS																							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR														
GS-6 to GS-17	\$7.50	X	2	=	\$15.00	X	52	=	\$780.00														
B. COSTS OF COMPUTER PRODUCED REPORTS																							
TOTAL COSTS PER YEAR																							
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. A necessary procedure to keep requesting official up to date on changes in the status of this program.																							
14. FUTURE GOALS																							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT							ESTIMATED SAVINGS																
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							STAT																
16. DATE OF INVENTORY 9/21/70		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION DD/Pers/R&P					18. EXTENSION <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>																